

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054129

1. Entity Name

AMERICAN INDUSTRIAL GENERATOR COMPANY

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

06-27-2000 90002 040 \*\*\*558.75

Principal Place of Business

3921 S.W. 47 AVE.  
SUITE 1003  
FORT LAUDERDALE FL 33314

Mailing Address

3921 S.W. 47 AVE.  
SUITE 1003  
FORT LAUDERDALE FL 33314-2812

2. Principal Place of Business

172 GRANADA AVE.

Suite, Apt. #, etc.

3. Mailing Address

172 GRANADA AVE

Suite, Apt. #, etc.

City & State

WESTON, FL.

City & State

WESTON, FL.

4. FEI Number

65-0594144

Applied For

Not Applicable

Zip

33326

Country

U.S.A.

Zip

33326

Country

U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, WILLIAM L  
3921 S.W. 47 AVE.  
SUITE 1003  
FORT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name BLANKENSHIP, William L.

Street Address (P.O. Box Number is Not Acceptable)

172 GRANADA AVE.

City WESTON

FL

Zip Code 33326

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE William L. Blankenship William L. BLANKENSHIP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/20/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD  
NAME BLANKENSHIP, WILLIAM L ☐ Delete  
STREET ADDRESS 4501 SOUTHWEST 43 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE VSD  
NAME BLANKENSHIP, ALEIDA M ☐ Delete  
STREET ADDRESS 4501 SOUTHWEST 43 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE ST  
NAME BLANKENSHIP, CHRISTINE V ☐ Delete  
STREET ADDRESS 107 N.W. 91 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☒ Change ☐ Addition  
NAME BLANKENSHIP, WILLIAM L.  
STREET ADDRESS 172 GRANADA AVE.  
CITY-ST-ZIP WESTON, FL. 33326

TITLE P ☒ Change ☐ Addition  
NAME BLANKENSHIP, ALEIDA M.  
STREET ADDRESS 172 GRANADA AVE.  
CITY-ST-ZIP WESTON, FL. 33326

TITLE ST ☒ Change ☐ Addition  
NAME BLANKENSHIP, CHRISTINA V.  
STREET ADDRESS 172 GRANADA AVE.  
CITY-ST-ZIP WESTON, FL. 33326

TITLE V. ☐ Change ☒ Addition  
NAME BLANKENSHIP, CAROLINE V.  
STREET ADDRESS 172 GRANADA AVE.  
CITY-ST-ZIP WESTON, FL. 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William L. Blankenship William L. Blankenship 6/20/00 954-325-2377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-EC34 (1/99)